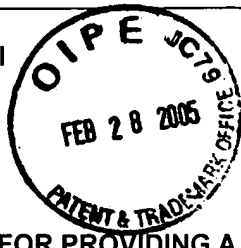


IFW

## TRANSMITTAL FORM

Attorney Docket No.

2982PIn re the application **Xizeng SHI**Serial No: **10/781,479**Filed: **February 17, 2004**Confirmation No: **3103**Group Art Unit: **2818**Examiner: **Nhu, David**For: **METHOD AND SYSTEM FOR PROVIDING A MAGNETIC ELEMENT INCLUDING PASSIVATION STRUCTURES**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	22	22	0	\$ 50.00	\$ 0.00
Independent Claims	4	4	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	/Janyce R. Mitchell/ Reg. No. 40,095 Janyce R. Mitchell
Date	February 24, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 24, 2005

Type or printed name	Irena Nikolova
Signature	<i>Irena Nikolova</i>



CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 24, 2005.

  
Irena Nikolaeva

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: February 24, 2005

Xizeng SHI

Confirmation No: 3103

Serial No.: 10/781,479

Group Art Unit: 2818

Filed: February 17, 2004

Examiner: Nhu, David

For: METHOD AND SYSTEM FOR PROVIDING A MAGNETIC  
ELEMENT INCLUDING PASSIVATION STRUCTURES

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE**

Sir:

In response to the Office Action dated January 24, 2005, please amend the above-identified application in the following manner:

**Remarks** begin on page 2 of this paper.